



# Outpatient Quality Reporting Program

## Support Contractor

### Calendar Year (CY) 2020 Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Proposed Rule: Hospital Outpatient Quality Reporting (OQR) Program

#### Questions & Answers

##### Speaker:

Anita J. Bhatia, PhD, MPH, Program Lead, Hospital OQR Program, Centers for Medicare & Medicaid Services (CMS)

**September 18, 2019  
2:00 p.m. ET**

**Question:** Please clarify what encounter date we can stop abstracting OP-33 data.

**Answer:** If OP-33 is finalized for removal beginning with CY 2022 payment determination, you would submit data for the last time by May 15, 2020, using the 2019 reporting period (2019 encounters). You will no longer collect data beginning with January 1, 2020 encounters.

**Question:** For malignancies best identified with multi-phase scan, how is it best to document? Is it true that once we show no metastatic lesions, they are presumed cured regardless of stage of disease or type of malignancy; such that follow up for new lesions is not a valid reason?

**Answer:** To communicate directly with the measure writers for this measure, please enter your question in the QualityNet Q&A tool.

**Question:** When is the release date of final ruling?

**Answer:** Typically, the Final Rule is published in November.

**Question:** Please repeat the error discussed in the OP-33 proposed removal segment.

**Answer:** The error Dr. Bhatia noted was the verbiage that the proposed removal would be beginning with October 2020 encounters. This was an error and will be addressed in the Final Rule.

**Question:** For OP-33, would the last year this information will be collected be 2019? Or, would we still collect data in 2020, 2021, 2022?

**Answer:** If OP-33 is finalized for removal beginning with CY 2022 payment determination, you would submit data for the last time by May 15, 2020, using the



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2019 reporting period (2019 encounters). You will no longer collect data beginning with January 1, 2020 encounters.

**Question:** On slide 13, would these measures apply only to hospital outpatient surgery only or would it include other outpatient procedural areas such as catheterization labs?

**Answer:** If you are referring to the ASC-1 through 4 measures in this Proposed Rule, CMS is requesting comment on these measures, as well as the submission method. Any comments and provider feedback will be addressed in the Final Rule.

**Question:** The CY 2022 payment determination refers to CY 2020 submission, right?

**Answer:** The CY 2019 reporting period (or patient encounter period) will be reported in the 2020 submission period for the 2021 payment determination. To assist with the reporting and submission periods for all measures you may access our *Important Dates* document at <https://www.qualityreportingcenter.com/globalassets/2019/08/oqr/hospital-oqr-important-dates-2021-payment-determination.pdf>.

**Question:** What is the last quarter that OP-33 will need to be abstracted?

**Answer:** OP-33 is a web-based measure reported annually. If finalized for removal beginning with CY 2022 payment determination, you would submit data for the last time by May 15, 2020, using the 2019 reporting period (2019 encounters). You will no longer collect data beginning with January 1, 2020 encounters.

**Question:** For the proposed new measures, are these claims based or chart abstracted?

**Answer:** In this Proposed rule, CMS is requesting comment on these measures, as well as the submission method. Any comments and provider feedback will be addressed in the Final Rule.

**Question:** What is [a] measure steward? Is this an actual person?

**Answer:** No, the measure steward is not an actual person, but a collection of persons. They are the initial developers of a measure.

**Question:** Instead of calendar year why don't you call it data collection year? Most people don't care what the payment year is; they want to know when they collect data.

**Answer:** As different measures have different collection dates, it would be difficult to address all the different time periods simultaneously. The one constant is the payment determination year. So, this term is what CMS uses to define start and ending periods.



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**Question:** We are wondering if the final rule may include some changes for OP-10. Specifically, exclusions for OP-10 for cancer and transplant patients.

**Answer:** In this rulemaking cycle, there were no proposed changes for OP-10.